County: Milwaukee HONEY CREEK HEALTH AND REHABILITATION

2730 WEST RAMSEY AVENUE

	Ownershi p:	Limited Liability Company
365	Hi ghest Level Li cense:	Skilled
No	Operate in Conjunction with CBRF?	No
166	Title 18 (Medicare) Certified?	Yes
193	Title 19 (Medicaid) Certified?	Yes
151	Average Daily Census:	148
	365 No 166 193	365 Highest Level License: No Operate in Conjunction with CBRF? 166 Title 18 (Medicare) Certified? 193 Title 19 (Medicaid) Certified?

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36. 4
Supp. Home Care-Personal Care	No				j	1 - 4 Years	42. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	4.0	More Than 4 Years	21. 2
Day Services	No	Mental Illness (Org./Psy)	6. 0	65 - 74	13. 9		
Respite Care	No	Mental Illness (Other)	4.6	75 - 84	37. 1	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40. 4	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	4. 6	Full-Time Equivalen	t
Congregate Meals	No	Cancer	2. 6	ĺ		Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	10.6		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 2	65 & 0ver	96. 0		
Transportati on	No	Cerebrovascul ar	8. 6			RNs	7. 8
Referral Service	No	Di abetes	1. 3	Sex	%	LPNs	8. 9
Other Services	No	Respi ratory	7.3		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	43. 7	Male	24. 5	Ai des, & Orderlies	40. 2
Mentally Ill	No			Femal e	75. 5		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	4. 5	319	4	3. 4	127	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	5	3. 3
Skilled Care	21	95. 5	319	102	87. 9	109	0	0.0	0	13	100.0	168	0	0.0	0	0	0.0	0	136	90. 1
Intermedi ate				10	8.6	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	6. 6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	22	100.0		116	100.0		0	0.0		13	100.0		0	0.0		0	0.0		151	100. 0

Admissions, Discharges, and Deaths During Reporting Period	I	Percent Distribution	of Residents'	Condi t	ions, Services, an	nd Activities as of 12	/31/01 
beachs builting kepotering refrou	•	ı'			% Needi ng		Total
Percent Admissions from:		Activities of	%		si stance of	% Totally	Number of
Private Home/No Home Health	5. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	5. 3	Bathi ng	0.0		80. 1	19. 9	151
Other Nursing Homes	5. 9	Dressi ng	5. 3		81. 5	13. 2	151
Acute Care Hospitals	79.4	Transferring	23. 2		62. 3	14. 6	151
Psych. HospMR/DD Facilities	0.0	Toilet Use	15. 2		62. 3	22. 5	151
Reĥabilitation Hospitals	1. 2	Eating	54. 3		35. 1	10. 6	151
Other Locations	2.9	***************	******	*****	*******	********	*******
Cotal Number of Admissions	170	Conti nence		%	Special Treatmen	its	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	9. 9	Receiving Resp	iratory Care	9. 3
Private Home/No Home Health	12.8	Occ/Freq. Incontinent	of Bladder	49. 7	Recei vi ng Trac	heostomy Care	0. 0
Private Home/With Home Health	13. 4	Occ/Freq. Incontinent	of Bowel	47.0	Recei vi ng Suct	i oni ng Č	0. 0
Other Nursing Homes	12.8	<u> </u>			Receiving Osto		2. 6
Acute Care Hospitals	9. 1	Mobility			Recei vi ng Tube	Feedi ng	4. 0
Psych. HospMR/DD Facilities	2. 4	Physically Restrained	i	0. 0	Receiving Mech	anically Altered Diets	13. 9
Rehabilitation Hospitals	0.0	i i			S	3	
Other Locations	2.4	Skin Care			Other Resident C	Characteri sti cs	
Deaths	47.0	With Pressure Sores		6. 0	Have Advance D	i recti ves	62. 3
otal Number of Discharges		With Rashes		5. 3	Medi cati ons		
(Including Deaths)	164				Receiving Psyc	hoactive Drugs	29. 1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	Thi s				Si ze: - 199	Ski	ensure: 11ed	Al l			
	Facility		Peer Group		Group	Peer Group			lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	76. 1	77. 1	0. 99	85. 7	0. 89	82. 7	0. 92	84. 6	0. 90		
Current Residents from In-County	95. 4	82. 7	1. 15	86. 1	1. 11	85. 3	1. 12	<b>77. 0</b>	1. 24		
Admissions from In-County, Still Residing	30. 0	19. 1	1. 57	17. 5	1.71	21. 2	1.42	20. 8	1. 44		
Admissions/Average Daily Census	114. 9	173. 2	0. 66	212. 2	0. 54	148. 4	0. 77	128. 9	0. 89		
Discharges/Average Daily Census	110.8	173.8	0. 64	210. 1	0. 53	150. 4	0.74	130. 0	0. 85		
Discharges To Private Residence/Average Daily Census	29. 1	71. 5	0.41	87. 3	0. 33	<b>58.</b> 0	0. 50	52. 8	0. 55		
Residents Receiving Skilled Care	93. 4	92.8	1. 01	93. 8	1.00	91. 7	1. 02	85. 3	1. 09		
Residents Aged 65 and Older	96. 0	86. 6	1. 11	94. 0	1. 02	91.6	1. 05	87. 5	1. 10		
Title 19 (Medicaid) Funded Residents	76. 8	71. 1	1. 08	60. 5	1. 27	64. 4	1. 19	68. 7	1. 12		
Private Pay Funded Residents	8. 6	13. 9	0. 62	26. 1	0. 33	23. 8	0. 36	<b>22</b> . <b>0</b>	0. 39		
Developmentally Disabled Residents	2. 0	1. 3	1.48	0. 9	2. 10	0. 9	2. 11	7. 6	0. 26		
Mentally Ill Residents	10. 6	32. 5	0. 33	27. 3	0. 39	32. 2	0. 33	33. 8	0. 31		
General Medical Service Residents	43. 7	20. 2	2. 16	27. 4	1. 60	23. 2	1.89	19. 4	2. 25		
Impaired ADL (Mean)	48. 5	<b>52.</b> 6	0. 92	51. 2	0. 95	51. 3	0. 95	49. 3	0. 98		
Psychological Problems	29. 1	48.8	0. 60	<b>52. 4</b>	0. 56	50. 5	0. 58	51. 9	0. 56		
Nursi ng Care Requi red (Mean)	5. 1	7.3	0. 70	6. 7	0. 77	7. 2	0.71	7. 3	0. 70		